AUTHORIZATION AND ASSIGNMENT OF INSURANCE BENEFITS TO PRACTITIONER

I hereby instruct the above name insurance company to pay by check made out to and mailed directly to:

Zocalo Wellness LLC
Adrianna Locke, L.Ac
2100 NE Broadway #225
Portland OR, 97232

for professional medical expense benefits allowable and otherwise payable to me under my current insurance policy or by a 3rd party payor who would otherwise pay me directly, as payment toward the total charges for professional services rendered.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY AND/OR CLAIM.

This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional fees for non-covered services and/or fees, over and above the insurance payment or as required by the insurance policy.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster or attorney for the purpose of securing payment under this policy of insurance.

Patient's Name: _____Date of Birth:_____
Signature of Policy Holder or Claimant: _____Date:_____

Medical Insurance	**Automobile Insurance** (if you are being treated for injuries from a car accident)
Insurance Company:	Insurance company:
ID/Policy #:	Claim #: DOA:
Group #:	Adjustor's Name:
Provider/Customer Service Phone:	Adjustor's Phone:
Insured's Name:	Insured's Name:
Insured's Date of Birth:	Insured's Date of Birth:

FINANCIAL POLICY

We are committed to providing our patients with excellent, reliable and affordable health care.

To continue to do this, we have the following financial policy:

If you must reschedule or cancel your appointment, please do so within 24 hours. We need advanced notice of cancellation so that we can accommodate other patients who are seeking care.

All appointments that are cancelled with less than 24-hours notice, or are missed without notice, will be charged a cancelation fee of $45. Your insurance company will not pay for missed appointments.

Payment for services and products are due at the time of service unless we have made other arrangements. All payments can be made directly to Zocalo Wellness in the form of cash, check or credit card.

By signing below, you acknowledge that you understand our financial policy.

Signature: _____ Date: _____

Printed name: _____